

Former FDA head is fined \$90 000 for failing to disclose conflicts of interest

Janice Hopkins Tanne NEW YORK

Lester Crawford, former commissioner of the US Food and Drug Administration, was last week fined \$89 377 (£45 800; €67 000), sentenced to three years of supervised probation, and required to do 50 hours of community service by Judge Deborah Robinson of the US District Court for the District of Columbia.

Last October Dr Crawford (below) pleaded guilty to two charges: failing to report that he and his wife owned shares in companies regulated by the agency and filing false financial reports. The reports are required by US law. The companies included Pepsico, Kimberly-Clark, and Sysco. At the time Dr Crawford was head of the FDA's obesity working group (*BMJ* 2006; 333:874).

Each charge carried a possible one year prison term and a \$100 000 fine.

The judge increased the fine from the \$50 000 that Dr Crawford and his lawyer had negotiated in a plea agreement, the Associated Press news agency reported. Dr Crawford and his wife made about \$39 000 from options and dividends from companies regulated by the agency. They did, however, pay tax on the income.

In March 2006 Dr Crawford joined Policy Directions, a lobbying firm in Washington, DC. He is prohibited from lobbying Congress for at least a year.



MARK PINDER

Hospital doctors will get 2% pay

Michael Day LONDON

British GPs will not receive a pay rise this year. The decision, recommended by the Doctors' and Dentists' Review Body and accepted by the UK government, prompted a furious response from the British Medical Association.

Hamish Meldrum, chairman of the BMA's General Practitioners Committee, said: "This is a black day for general practice. A zero increase equates to a pay cut. A pension cap has already been announced. It would not surprise me if many GPs feel they should cut their losses and leave the NHS."

The health secretary, Patricia Hewitt, said that GPs' profits had risen by more than 50% since the introduction of their new contract and that they were "already well rewarded."

However, below inflation rises for hospital doctors in 2007-8 mean that they, too, would effectively have their pay cut, the BMA warned.

Consultants will get a flat rate increase of £1000 (€1470; \$1925) a year, as will salaried GPs, while trainee doctors will receive an increase of £650. This amounts to an average 2% pay rise. The introduction of the award is going to be staggered, with 1.5% to be given in April and the remainder in November.

The BMA's chairman, James Johnson, said: "It looks as if doctors have been hit by a double whammy. Not only does the review body appear to have bowed to government pressure, but the government has phased an already miserly award."

Jonathan Fielden, chairman of the BMA's consultants' committee, said the rise, which is less than the current rate of inflation of 2.7%, would make it "extremely difficult for consultants to feel motivated."

The greatest sense of anger was felt among lower paid hospital doctors, however.

Ashok Pathak, chairman of the BMA's



MARK WILSON/GETTY IMAGES

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bmj.com Carruthers report calls for doctors to be more involved in NHS change



Doctors protest over NHS closures

Owen Dyer LONDON

Thousands turned out last weekend to protest at cuts, deficits, and increasing private sector involvement in the NHS.

The "Day of Action" was organised by NHS Together, a collaboration of health service unions, NHS staff bodies, and the Trades Union Congress.

A series of events took place across the country. A "Rock for the NHS" concert took the stage at Woking, while in Crawley protestors marched in nightgowns and bandages. Other rallies were held in Brighton, Maidstone, Gloucester, Preston, Belfast, London, and Sunderland, where Dr George Rae, chairman of the BMA's northern regional council (left) took part. In Tunbridge Wells, a small crowd protested at the closure of the Homoeopathic Hospital.

TUC general secretary Brendan Barber, speaking at a rally in Sheffield, told the government that it "is in danger of squandering the political credit it deserves, and it is running out of time to put it right."

MRC wants to cut the time from bench to bedside

Michael Day LONDON

The UK Medical Research Council (MRC) has signalled an all-out effort to cut the time it currently takes to translate findings of pure research into medical advances.

The MRC's chief executive, Colin Blakemore, announced that it planned to invent, develop, and market its own drugs—with or without industry support—to speed up advances against rare diseases and those that mainly affect developing countries.

He said that the MRC was already holding talks with the Association of the British Pharmaceutical Industry on overhauling "the monolithic clinical trials structure," which he believes is impeding progress.

His comments came at the launch of the MRC's six new translational medicine centres, which are based at the University of Bristol, the University of Cambridge, King's College London, Imperial College London, University College London (together with the University of Newcastle), and the University of Oxford (in partnership with the Wellcome Trust Sanger Institute).

The six centres will focus on different areas of medical research: epidemiology, neuromuscular diseases, global health, obesity, transplantation, and disease surveillance.

All, however, aim to "enable scientific research to improve human health more quickly and efficiently." In effect the centres will use their £15.5m (€23m; \$30m) of MRC funding over the next five years to overhaul the organisation's ability to turn pure research into better treatments or new health policy.

Mike Hanna, director of one of the six centres, the MRC Centre for Neuromuscular Diseases, which is based at University College London, hoped that his new unit would provide "the pharmaceutical industry with a portal through which it can access information it needs" to develop new drugs.

More information is available at www.mrc.ac.uk.

increase, and GPs get nothing

staff and associate specialists negotiating committee, said: "A pay rise of £1000 does not even match inflation and will do nothing to address the low morale of a group of doctors who haven't had a significant pay rise for years."

Masood Ahmed, deputy chairman of the Junior Doctors Committee, described their pay award as "appalling."

He said, "Junior doctors have put up with a lot over the last few years: rising intensity of work, demanding targets, long shifts without adequate rest facilities, and the shambolic introduction of a new training system."

Michael Rees, chairman of the BMA's Medical Academics Committee, said a flat £1000 offer was not enough to tackle the recruitment crisis in medical academia.

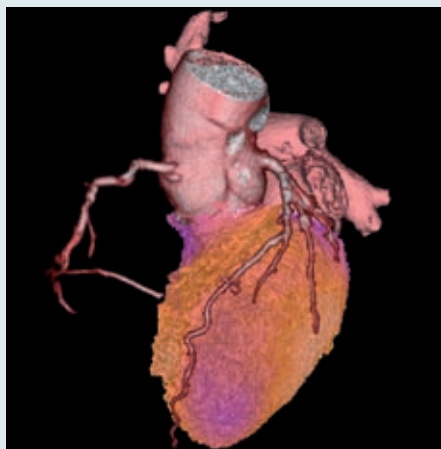
Steve Barnett, director of NHS Employers, welcomed the award. "We see the sense of taking an approach across the public sector

and believe this is a pragmatic settlement," he said. "The staging of increases will be seen as sensible by many employers facing financial pressures."

However, Niall Dickson, chief executive of the health charity the King's Fund, criticised what he saw as a "stop start" approach to doctors' pay. "With many services under considerable pressure, there will be genuine relief today among those who have to balance the NHS books."

"But it is a pity that we now seem to have a stop go approach to pay: one minute unprecedented rises, the next a real terms pay cut. A more gradual and sustained investment in pay levels might have prevented some of the anguish now being felt."

Dentists will also receive a 2% pay rise. Nurses are to receive 2.5%. These awards will also be staged, with 1.5% in April and the rest in November.



An image generated by the hybrid device

Device brings non-invasive assessment of arteries a step closer

Judy Siegel-Itzkovich JERUSALEM

Non-invasive assessment of coronary artery anatomy and physiology may soon become a reality, says a new paper published online ahead of print publication in the *Journal of the American College of Cardiology* (www.sciencedirect.com).

A research team at the Israeli Rambam Medical Centre, Haifa, has shown that a prototype hybrid device that combines computed tomography coronary angiography (CTCA) with single photon emission computed tomography (SPECT) is

an accurate way of evaluating coronary artery anatomy and blood flow within cardiac muscle. It is hoped that the technique may lead to fewer invasive investigations and interventions such as angioplasties and stenting.

The Israeli team used GE Healthcare's combined CTCA and SPECT imaging device on 130 patients.

An accompanying editorial by William Wijns, of the Aalst Cardiovascular Centre in Belgium, described the research as "another validation milestone in the search for a noninvasive imaging

UK report proposes a new harms index to rate dangers of drugs, tobacco, and alcohol

Susan Mayor LONDON

Use of illegal drugs should be managed primarily as a social issue rather than as a criminal offence, with a new legislative framework setting drugs in the wider context of substance abuse, recommends a UK report published this week.

The main aim of public policy should be to reduce the harm that drugs cause, the report recommended. To achieve this, the concept of drugs should be extended to include alcohol, tobacco, solvents, and over the counter and prescription drugs that can be misused. The report argues that all psychoactive substances—not just illegal

drugs—can, and do, cause harm.

The report was developed by the Royal Society for the Encouragement of Arts, Manufactures and Commerce's Commission on Illegal Drugs, Communities and Public Policy, an independent multidisciplinary body. After reviewing available research, holding public hearings, and consulting with a wide range of experts in the drugs field, it recommended that the current legislation, the Misuse of Drugs Act 1971, should be scrapped as it is out of date, unwieldy, and full of anomalies.

The group, which includes representatives from public health, the police, the

government, and drugs services, called for a new misuse of substances act that sets drugs in the wider context of substance misuse. It considered that this would achieve a better balance between punishing drug users who inflict harm on others for profit, reducing the damage done to users who harm only themselves, and moderating the penalties for activities that it considered harmed no one.

The new legislation should be centred on an evidence based, regularly updated index setting out the relative risks of harm from individual substances, the report advises. For example, heroin is currently ranked number one in terms of danger, with alcohol in fifth position, above tobacco in ninth position and cannabis at number 11 in a "league table" (figure).

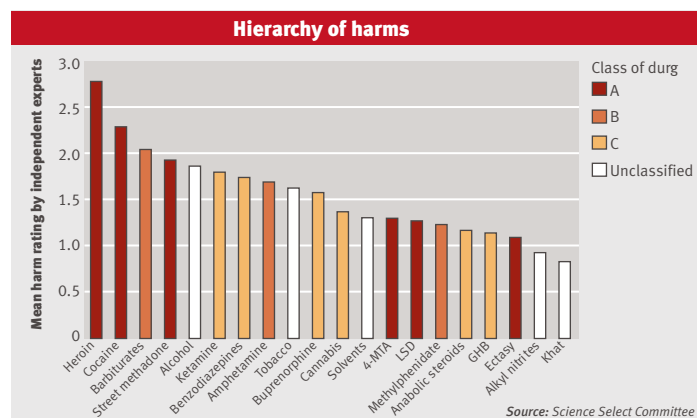
"The position of a substance on our new harms index would determine the gravity of offences relating to it and the consequent penalties," the commission explained.

Punishment should be focused mainly on harmful behaviours resulting from

drug use, rather than simply possession of drugs. "The idea of a drugs-free world, or even of a drugs-free Britain, is almost certainly a chimera," the report said. People have always used substances to change the way they see the world and feel, and the commission considered that there is every reason to think they always will.

Demonising illegal drugs and drug users, as happens at the moment, does more harm than good, the commission argued. It suggested that society's approach to illegal drugs and to those who use them should be calm, rational, and balanced. Basing the management of drug use on the criminal justice system neglects other approaches looking at individual health, public health, families, education, housing, and social care. The report recommends a more holistic system aimed at harm reduction, and taking a pragmatic rather than moralistic stance.

Drugs—facing facts: the report of the RSA Commission on Illegal Drugs, Communities and Public Policy is available on www.rsadrugscommission.org.



strategy that will eventually provide integrated evaluation of anatomy and physiology in patients with coronary artery disease.”

The Rambam cardiologist Shmuel Rispler, a member of the research team, said: “Not all cases of narrowed coronary arteries require intervention, since they may have completely normal blood flow.

“But when you discover coronary arteries that arouse concern by being more than 50% blocked, you [would] have referred the patient until now for an invasive catheterisation, in which the anatomy (narrowed arteries) is compared with the physiology (quality and speed of blood flow). In many cases of catheterisation you find that blood flow is

completely normal, and there is no need for intervention.”

The prototype device examines the heart muscle and maps the flow of blood inside it in one examination. It provides an accurate diagnosis of narrowed coronary arteries—the same level of accuracy as that in invasive catheterisation but greater than that in ordinary computed tomography alone. The authors say that the technique will make many diagnostic catheterisations—which pose risks to patients—unnecessary. CTCA was developed to provide anatomical details about the arteries and SPECT provides an assessment of blood flow to the heart, so that the healthy, damaged, and scarred regions of heart muscle can be identified.

UK may allow creation of “cybrids” for stem cell research

Adrian O’Dowd LONDON

The UK government looks increasingly likely to change its mind and approve plans for scientists to create part human, part animal embryos for research purposes.

The health minister Caroline Flint told MPs last week it was possible that the government might withdraw the ban on such work when it was agreeing its draft bill that will form the basis of new laws on fertility treatment and embryo research.

Ms Flint was giving evidence to MPs on the House of Commons Select Committee on Science and Technology, which is holding an inquiry into the matter.

Two teams of scientists, at Newcastle University and King’s College London, have submitted applications to the Human Fertilisation and Embryology Authority to create hybrid animal-human embryos known as “cybrids” for stem cell research (*BMJ* 2007;334:112, 20 Jan).

The word “cybrid” was suggested at an earlier session of the committee, at which witnesses had said that the term “human and animal hybrid embryos” was misleading, since the embryo would be almost entirely human. The only part of the hybrid to come from a animal will be the outer casing of the cell. They said a more accurate term was “cybrids” or “pseudo-hybrids.”

The government is due to publish its draft bill on fertility in May. It published a white paper on the subject in December (*BMJ* 2007;334:12, 6 Jan).

The MPs will publish their report in April.

LOOKING AT LIFE AND DEATH

Annabel Ferriman LONDON

This memento mori (“remember that you must die”) figure from 1800 was used for spiritual contemplation. It is just one of the million objects from across the globe collected by Sir Henry Wellcome, the pharmacist, entrepreneur, and philanthropist who founded the Wellcome Trust.

It will be on show at a public event in London on Thursday, to publicise and celebrate the opening later this year of the Wellcome

Collection, a new £30m public venue for the Wellcome Trust. The event, which includes the showing of a specially commissioned short film, and the sampling of life affirming food and drink, such as chilli chocolate and tequila, will explore the fine line between life and

death. An angelic gatekeeper will greet visitors and guide them to the heart of the installation.

A Matter of Life and Death is being held on 15 March 2007, 19 30-22 00, at Shoreditch Town Hall, London. Tickets are free. Book in advance by emailing events@wellcome.ac.uk



FDA to review safety of erythropoietin

Jeanne Lenzer BOSTON

Concerns about the safety of a class of drugs used to treat anaemia have triggered a federal alert in the United States. The alert comes after recent studies reported a higher incidence of fatal cancers and cardiovascular events among patients who were treated with drugs known as erythropoiesis stimulating agents when the drugs were used to raise haemoglobin concentrations to more than 120 g/l.

The US Food and Drug Administration issued the alert on 16 February, urging doctors “not to [give doses] to exceed haemoglobin levels of 12 g/dl” when treating patients with anaemia resulting from chronic renal failure, cancer or cancer chemotherapy, or HIV or AIDS.

The agency has scheduled an advisory committee meeting for 10 May to assess the risks of the drugs, which include epoetin alfa (made by Ortho Biotech and sold in the US under the brand name Procrit and also by Amgen under the brand name Epogen) and darbepoetin alfa (made by Amgen and sold as Aranesp).

One of the studies cited by the agency randomised 1432 patients to receive epoetin alfa at doses calculated to achieve haemoglobin concentrations of either 113 g/l or 135 g/l (*New England Journal of Medicine* 2006;355:2085-98). The researchers found 222 cardiovascular events—including deaths, myocardial infarction, and hospitalisation for congestive heart failure and stroke—at 16 months among patients in the arm with the higher target concentration, whereas only 97 events occurred among the patients in the lower target arm (hazard ratio 1.34 (95% confidence interval 1.03 to 1.74)).

Regarding the safety of the drugs at lower target haemoglobin concentrations, Ajay Singh, lead investigator of the *New England Journal of Medicine* study, said that he would be “surprised” if any problems emerged, since 20 years of experience with the drugs had failed to show a higher risk of death at lower concentrations. Nevertheless, he said, “We need more studies to determine the lowest optimal haemoglobin level—should it be 10 or 11 g/dl or some other number?”

Global sales of erythropoiesis stimulating agents have soared over the past several years. Total sales were \$8.1bn (£4.2bn; €6.2bn) in 2002—an 18% jump from 2001.

The FDA’s alert is at www.fda.gov/cder/drug/InfoSheets/HCP/RHE2007HCP.htm.

COURTESY OF THE WELLCOME

IN BRIEF

Nigerian doctors threaten to strike:

Doctors in Nigeria's public hospitals have threatened to go on strike in protest over a new salary structure, which will see all doctors lose between 18% and 30% of their salaries. The Nigerian Medical Association has extended its earlier 21 day ultimatum to the government by a further seven days. During this period the doctors will not provide any emergency services outside normal working hours.

Incidence of alcohol poisoning in ex-USSR worries experts:

Acute alcohol poisoning has reached unprecedented levels in parts of the former Soviet Union, says a report from the Stockholm Centre on Health of Societies in Transition, the London School of Hygiene and Tropical Medicine, and others (*European Journal of Public Health*, doi: 10.1093/eurpub/ckl275).

Israeli bill will allow more egg donation:

A detailed Israeli government bill to allow altruistic donations of human ova, not only by women undergoing fertility treatment, is due to be passed by the Knesset (parliament).

German court rules on IVF payments:

Only married couples in Germany are entitled to compensation for in vitro fertilisation treatment by their health insurance company, the German Constitutional Court ruled last week. Reproduction experts have complained that the number of babies born after IVF will decrease even further. Since 2004 the number has more than halved, as couples now have to pay half the costs of the first three treatment cycles (one cycle costs up to €1800 (£1220; \$2360) and the whole cost of all subsequent cycles.

Advertising of weight loss drug is to stop:

The Australian government's drug regulator has revoked permission for Roche to advertise its over the counter drug for weight loss, orlistat (Xenical). The move came after the Australian Consumer Association showed that 80% of 30 pharmacies breached guidelines.

Charities funded by US must oppose prostitution:

Charities that accept US government funding for international disease prevention must communicate the message the government wants, a federal appeals court has ruled. DKT International, the charity that lost the case, did not want to have to condemn the sex trade, as it would impede its work with vulnerable groups, it said (BMJ 2005;331:420).

Medical school accepts tobacco company funding for research

Lynne Eaton LONDON

A string of medical experts have lined up to criticise the decision by the University of Virginia School of Medicine to accept funding for medical research from tobacco company Philip Morris—to the tune of \$20m.

The American Medical Association, the American Public Health Association, and the editor of the academic journal *Tobacco* have all condemned the news.

"A medical school taking funding from the tobacco industry is like a peace studies school taking funding from terrorists," said *Tobacco Control's* editor Simon Chapman, professor of public health at the University of Sydney.

Georges Benjamin, executive director of the American Public Health Association, said he too was against the move.

"There is a growing body of evidence that this kind of arrangement results in biased studies in favour of the funder". The real reason he suspects the tobacco industry does this is to help their image and improve the marketing for their deadly product. "If Big Tobacco is really interested in helping people, they should stop operations and go into another line of business," he said.

Ron Davis, president elect of the American Medical Association, said it was his organisation's policy to discourage medical schools from accepting research funding from the tobacco industry.

"How can the research be 'independent' when it is conducted via a 'significant deepening of the partnership' between the two organisations?" he asked, referring to the university's press statement on the deal (www.virginia.edu/uvatoday/newsRelease.php?id=1469).

Meanwhile Peter Lurie, deputy director general of Public Citizen, a consumer advocacy organisation, slated the decision: "For a medical school in particular to accept money from a tobacco company is to risk becoming a pawn in a public relations game," he said. "There is no such thing as money from any body that does not come without strings attached."

A spokesperson from Philip Morris, whose headquarters are in Richmond, some 70 miles away from the University of Virginia, issued a firm rebuttal to the allegations. "This has nothing to do with PR," said David Sutton. "It is to do with research."

He said the research was independent, carried out by an external third party, and that the company did not review the research. It encouraged publication of the findings. "We require disclosure of the fact that funding comes from Philip Morris," he said. "It is very transparent."

The company has previously donated \$2.3m (£1.2m; €1.8m) to the university, but this is the first grant to the medical school.

Dutch inspectors slam standards of preoperative care

Tony Sheldon UTRECHT

Serious shortcomings in preoperative care in the Netherlands are putting patients in danger, a report from the Netherlands Health Care Inspectorate says this week.

The inspectorate, the government body charged with maintaining safety, regularly receives reports of errors relating to preoperative care, so it decided to investigate all the 94 hospitals in the Netherlands.

Its report, *Preoperatief Traject (Preoperative Process)*, asks whether the information needed for responsible treatment is reliable and accessible to staff, and it answers "No."

The report says that half of the serious

complications in general surgery are avoidable. Examples it cites include a patient with a fractured hip who underwent an operation for a stomach complaint, a patient's notes that recorded the wrong side for a hernia operation, and a patient with diabetes who had the wrong toe amputated.

Organisations representing hospital consultants have accused the inspectorate of causing "unnecessary unrest" to patients. But the report insists that changes are "urgently required." "Patients' files are incomplete and information not properly communicated," it states.

Preoperatief Traject and an English summary are available at www.igz.nl.



US public service ads could learn from UK

Janice Hopkins Tanne NEW YORK

The way public service messages in the United States are communicated to the public has evolved without much planning and might benefit from the UK model, said Vicky Rideout, vice president and director of the programme for the study of entertainment

media and health at the non-profit Kaiser Family Foundation. She was speaking late last month at a conference in Washington, DC, that compared public service advertising in the UK and the US.

The US system is "part paid, part donated, part run through other agencies, [and] part run

In the US no central agency coordinates the government's public education campaigns

through the government... Until very recently I had absolutely no idea that in Great Britain public service advertising is overseen by a 600 person government agency with a mandate to coordinate, implement, and oversee all of the government's public education efforts," she said.

Alan Bishop, chief executive of the UK Central Office of Information (COI) and a former group director with Saatchi & Saatchi, said that Clement Atlee, the UK's prime minister from 1945 to 1951, set two goals for the office: keeping together experienced people from Winston Churchill's Ministry of Information, to avoid duplication and to centralise purchasing; and informing the public about matters where government action affected their daily lives. The COI must also ensure that messages are not politicised or biased.

The COI reports to the Cabinet Office and is also accountable to parliament, Mr Bishop said. It usually works with the larger government departments—offering them project management to produce campaigns, contracting with advertising agencies to make the public service messages, evaluating the agencies' work, and buying advertising space and air time.

A recent example of its work

is the advertisement about passive smoking (left).

The BBC and other television stations donate some time for government messages. "We pay the advertising agencies or the production companies in the same way they would be paid in the commercial market; it's not voluntary work," he said.

Mr Bishop showed several UK public service messages: on the promotion of condom use, safety of teenagers on the streets, the dangers of smoking, army recruitment, adult learning, the new government trust fund for children, and global warming.

In the US, Ms Rideout explained, no central agency coordinates the government's public education campaigns. Many campaigns funded by the government contract with the non-profit Ad Council, which is not affiliated to the government. Between 2003 and 2005 more than 100 different campaigns were sponsored by the US government. In health care, the Department of Health and Human Services alone spent \$32m (£17m; €24m) developing 64 different campaigns, and this sum did not include purchasing air time.

The Ad Council, like the COI, grew out of government communication efforts relating to the second world war. A webcast and transcript of the conference and a video of UK public service advertisements are available at www.kff.org/entmedia/entmedia022707pkg.cfm.

Heathrow doctor's case at GMC will be heard in private

Owen Dyer LONDON

Allegations against a senior clinical medical health officer at Heathrow airport's health control unit are to be heard in private, the General Medical Council decided last week. The allegations include complaints that he alarmed passengers when he boarded an aircraft in full protective clothing to examine a patient with minor respiratory symptoms.

Egidius Panis, a Dutch national, is accused of several other charges relating to his work at Heathrow, where he was employed by the Hillingdon Primary Care Trust from 1997 to 2005. But several of the charges have been withdrawn from the public record on the grounds of medical confidentiality.

The GMC's fitness to practise panel ruled that the media and public will be excluded from

the hearing. Michael Whitehouse, chairing the panel, said that this was necessary "because the allegations against Dr Panis concern issues relating to both misconduct and health."

"The particular circumstances of Dr Panis's case outweigh the public interest in holding the hearing in public," Professor Whitehouse said. Dr Panis will be neither present nor legally represented at the hearing.



Adolescent boys gather for a circumcision ceremony in Mali

Unhygienic circumcisions may increase risk of HIV in Africa

Peter Moszynski LONDON

Circumcision could increase the transmission of HIV in Africa unless it is done in hygienic conditions, says new research.

The study, published in this month's *Annals of Epidemiology* (2007;17:217-26), may raise questions about how to interpret the recent trials of male circumcision in Kenya and Uganda, which appeared to show that circumcising men halves their risk of acquiring HIV infection (*Lancet* 2007;369:643-56, 617-9, 615, 708-13).

The team, led by Devon Brewer, director of the Seattle based research organisation Interdisciplinary Scientific Research, examined data from national surveys of young people who had never had sexual intercourse in Kenya, Tanzania, and Lesotho. Dr Brewer said, "We found that circumcised virgins and adolescents were consistently and substantially more likely to be infected with HIV than their uncircumcised counterparts."

He said that this finding indicates that HIV is being transmitted non-sexually to a much greater degree than previously realised and that widespread male circumcision may not be as much of a panacea as is currently hoped.

"A key problem with nearly all prior research on circumcision in Africa is that researchers have treated circumcision

only as an anatomic characteristic and not also as a potential exposure to others' blood during the circumcision operation," he said. "Over the last 20 years many Africans, including children, have warned that HIV can spread through circumcision procedures."

Other researchers have dismissed Dr Brewer's findings. Daniel Halperin, senior research scientist at Harvard University School of Public Health, said, "The HIV virus is extremely fragile, dying easily and quickly once exposed to air. One of the important epidemiological points that the authors neglected to note is that traditional male circumcision is practised in many groups throughout Africa, yet those groups which still perform ritual circumcision very consistently have HIV rates several times lower than those that don't."

Dr Brewer insisted that the adage "first do no harm" was central to the debate.

"The level of investment required to undertake this kind of invasive procedure safely is simply not yet present across most of Africa," he said.

WHO recommends: "To ensure safe and clean operations, male circumcision should only be performed by well-trained practitioners in sanitary settings under conditions of informed consent, confidentiality, proper counselling and safety."

Polish politicians argue over right to expel sick foreigners

Jane Burgermeister VIENNA

The Polish government has issued a decree ordering foreigners who have contracted major infectious diseases to be expelled from the country.

The decree issued by the leader of the centre right coalition, Prime Minister Jaroslaw Kaczynski, of the Law and Justice Party, came into effect in February 2007. But it is opposed by Poland's health minister, who says that foreign patients threatened with expulsion will have the right to appeal, and that in practice none would have to leave.

The decree applies to all foreigners—including EU citizens—who are given a diagnosis of infectious diseases such as tuberculosis, hepatitis, and severe acute respiratory syndrome (SARS).

A Ministry of the Interior spokesman, Witold Lisicki, said the measure had been introduced to protect Polish citizens.

"We have the right to protect our citizens and to counter the threat of an epidemic," he told the Austrian newspaper *Die Presse* (www.diepresse.at/home/politik/aussenpolitik/112539/index.do).

But a spokesman for the Polish Health Ministry, Pawel Trzcinski, told the *BMJ* that the ministry opposed the decree and said that in practice no foreign patients would have to leave the country.

"The minister of health, Zbigniew Religa, as a doctor and a person, is against the decree on moral grounds. Patients threatened with expulsion will be able to make use of a right to appeal given to them by our country's code of civil law," he said.

Mr Trzcinski also criticised the view that expelling foreigners with infectious diseases would significantly improve infection control.

"As far as I know we don't have a particular crisis with infectious diseases in Poland at the moment ... and so the decree does not seem necessary from the point of view of disease control," he said.

Doctors' associations in Poland have also criticised the decree on humanitarian grounds.

A spokesman for the Polish Chamber of Physicians and Dentists, Tomasz Korkosz, said that the right of patients to treatment irrespective of nationality should be respected.

Heart group's approval of fast food meals angers critics, who say it is "a sales ploy"

Melissa Sweet SYDNEY

Australians eating at any of the 750 McDonald's outlets across the country can now choose from a range of nine meal combinations that have been given a tick of approval by the National Heart Foundation.

McDonald's and the foundation say that the new meals will give consumers healthier choices, but some public health experts and nutritionists fear that the deal may encourage consumption of fast food and add to public confusion about mixed nutritional messages.

The meals, available since 28 February, have been reformulated to have less salt, saturated fat, trans fats, and energy, as well as more vegetables, than standard McDonald's fare.

One such meal comprises the McChicken burger, salad and Italian dressing, and water. It has 48% fewer kilojoules, 49% less saturated fat, 9% less salt, and an extra 1.5 servings of vegetables than a meal of McChicken burger, fries, and coke. McDonald's says that it is cheaper to buy the meal combinations approved by the foundation than to buy the individual items separately.

Susan Anderson, national manager of the foundation's "tick food" information programme, said that as well as improving the choices for the one million Australians who eat at McDonald's each day, the programme is likely to encourage other fast food outlets to provide healthier options. The foundation is maintaining its recommendation that people should not have takeaway food more than once a week.

But Mike Daube, Western Australian president of the National Heart Foundation and a national board member and professor of

HOW DO THE TICK MEALS COMPARE?

Tick approved McDonald's meal versus Popular McDonald's medium meal*	DIFFERENCE			
	kj	Saturated fat (g)	Salt (mg)	Vegetables (1 serving = 75g)
McChicken Burger, salad, Italian dressing, and water versus McChicken Burger, fries, and coke	Down 48%	Down 49%	Down 9%	Added 1.5 servings
3 nuggets, sweet & sour sauce, salad, Italian dressing, and OJ versus 3 nuggets with BBQ sauce, fries, and coke	Down 65%	Down 69%	Down 20%	Added 1.5 servings
Hamburger, salad, Italian dressing, and OJ versus Hamburger, fries, and coke	Down 61%	Down 37%	Down 10%	Added 1.5 servings
Thai Chicken Deli Choice Roll, apple, and water versus Thai Chicken Deli Choice Roll, fries, and coke	Down 46%	Down 72%	Down 38%	Increased to 1 serving

* As at June 2006; OJ = orange juice

health policy at Curtin University in Perth, has expressed "serious concerns." Professor Daube, who has been pushing for a tax on junk foods, said that he was speaking in a private capacity and not on behalf of the foundation.

"My concerns are the possible impact on our reputation, any prospect that it may be used to promote McDonald's more broadly, and the use that McDonald's and others may make of it to prevent curbs on their marketing," he said.

Since the tick programme began in 1989, more than 1200 food products have been accredited after being independently tested to ensure that they meet the foundation's nutrition standards.

McDonald's is only the second company to join the programme since it was extended last year to include meals eaten out. It paid the foundation \$A330 000 (£133 000; €195 000; \$256 000) to join the programme for 12 months, covering the cost of random audits. On average, two McDonald's outlets will face unannounced audits every week.

Ms Anderson said McDonald's deserved credit for submitting itself to an independent evaluation and for making "some fairly significant changes to their procedures and ingredients."

She said, "The only business we may end up driving to McDonald's are those people looking for healthier options."

Some public health experts have welcomed the move as a pragmatic attempt to engage with an industry that is often

blamed for contributing to Australia's growing weight problem, but others believe that it is a clever corporate move to reposition the McDonald's brand in the wake of the damning documentary film *Super Size Me*.

Rosemary Stanton, a prominent nutritionist and longstanding critic of the tick programme, said that the history of new food products showed that the programme was more likely to increase McDonald's total sales rather than encourage existing customers to buy the healthier products. "I see the tick as overwhelmingly a marketing ploy," she said.

Marion Nestle, professor of nutrition, food studies, and public health at New York University, was similarly sceptical: "I am not aware of research demonstrating that these programmes help people eat more healthfully. On the other hand, substantial research demonstrates that ticks and other health labels increase product sales."

Tim Gill, codirector of the New South Wales Centre for Public Health Nutrition at the University of Sydney, said it was crucial that the programme's impact on McDonald's total sales was evaluated and made public. "You've got to give some credit to McDonald's that they've made some steps in the right direction, but to me the risk of confusion as to what should be considered appropriate food choices from this message is enormous," he said.

Melissa Sweet is a freelance health writer in New South Wales. In 1999 she contributed articles to a history of the National Heart Foundation.

